



Virtual Services and Supports for Substance Use and Concurrent Disorders – Connectivity and Equipment

Key Messages

- The COVID-19 pandemic forced an abrupt switch to the provision of virtual services and supports (VSS) for substance use, substance use disorders and concurrent disorders.
- Barriers to these VSS can include a lack of equipment or internet access. The likelihood of reporting these barriers varies by age.
- Governments could consider investing in increasing internet access for people who live in rural and remote areas or who have limited economic means.

Providers of services and supports for substance use, substance use disorders and concurrent disorders abruptly switched to offering these services virtually to comply with the social distancing requirements that were part of the response to the COVID-19 pandemic. CCSA studied experiences with and perceptions of virtual care for people who use substances or are experiencing substance use disorders or concurrent disorders during the pandemic. We also studied people who had not used these services. This report in short is one of four that summarizes the findings.

The Ontario Mental Health and Addictions Virtual Care Collaborative's [Virtual Care Equity Matrix](#), published in June 2021, identifies Connectivity and Equipment as one of four key components of effective delivery of virtual services and supports (VSS). Factors related to connectivity and equipment include internet cost, access, speed and reliability of connection, and cost of mobile devices and services plans.

What Are Virtual Services and Supports?

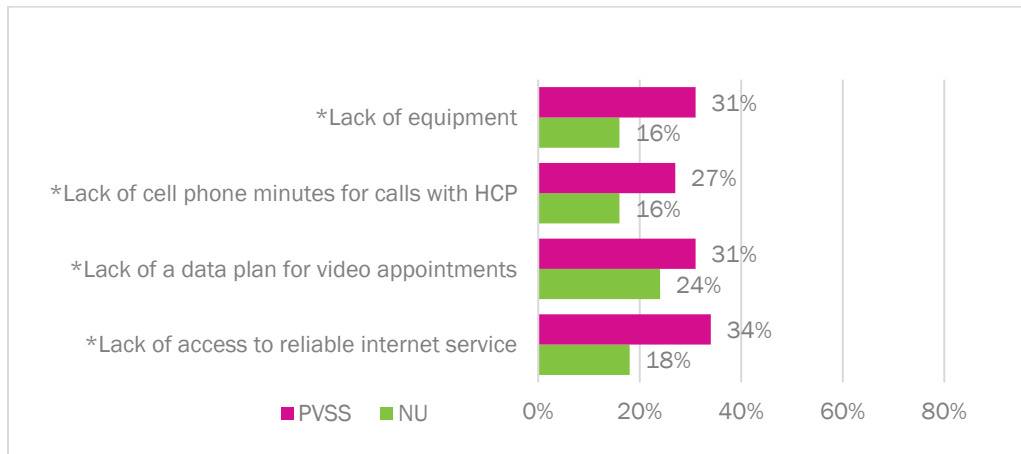
Our study defined virtual services and supports as any education, health care or treatment provided through technology, such as phone, video conferencing or apps. This could include disorder management, counselling, peer support, treatment programming or harm reduction services.

Key Findings

More than two-thirds of survey respondents, including those who do not use VSS for substance use, substance use disorders and concurrent disorders, agreed that investment in VSS should be a government priority. Fewer than half of survey respondents noted barriers to using VSS. However, technology barriers were more likely to be experienced by people using VSS (PVSS), compared with people who have never used VSS for these conditions (NU). These barriers included a lack of a data plan for video appointments; lack of equipment; lack of access to reliable internet service and lack of cellphone minutes for calls with healthcare providers.



Figure 1: Percentage of respondents who reported barriers to VSS



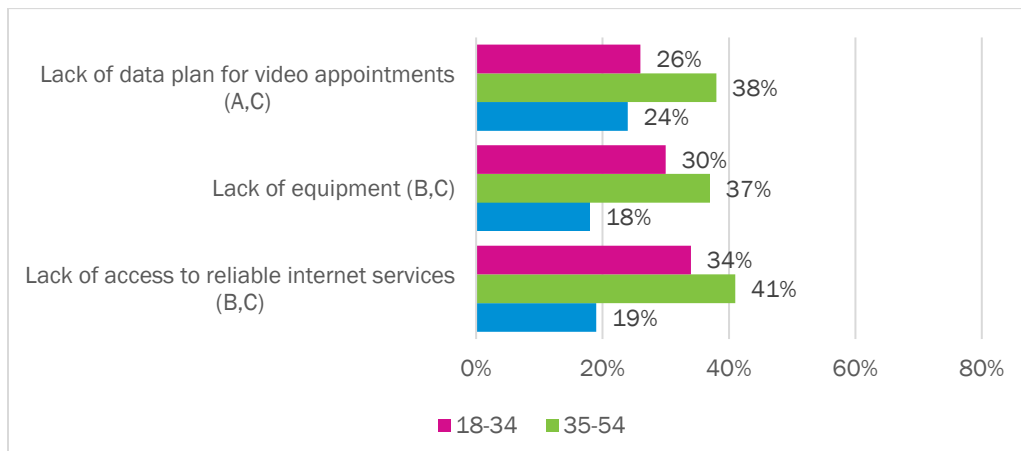
Note. *indicates significant differences between groups at $p < .05$.

Subpopulations

Among those who were using VSS:

- Those ages 35 to 53 years were more likely than any other age group to cite lack of a data plan for video appointments as a barrier.
- Adults aged 55 and older were less likely than others to agree that a lack of access to reliable internet service and equipment posed barriers.

Figure 2: Barriers reported by PVSS respondents by age group



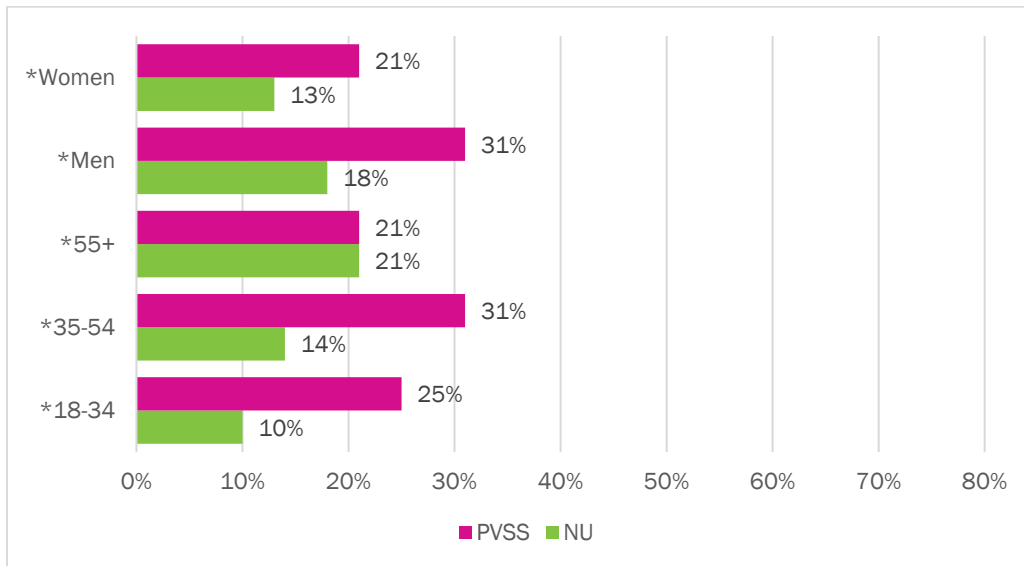
Note. A indicates significant difference between 18–34 and 35–54 at $p < .05$. B indicates significant difference between 18–34 and 55 and older at $p < .05$. C indicates significant difference between 35–54 and 55 and older at $p < .05$.

Among both PVSS and NU, men were more likely than women to report a lack of cellphone minutes for calls with healthcare providers as a barrier.

Among NU, older adults were most likely to report a lack of cellphone minutes as a barrier. Conversely, among PVSS, those aged 55 years and older were the least likely to do so.



Figure 3: Percentage of respondents who agreed that lack of cell phone minutes posed a barrier



Note. * Indicates significant differences between groups at $p < .05$.

Providers noted barriers to the internet and technology for some clients. Specifically, priority populations such as those at greater risk of homelessness, poverty and problematic substance use were less likely to have the ability to engage in virtual care due to limited or no access to equipment, internet services or data plans.

Calls to Action

Our research findings will inform the development of future VSS to address a potential increase in demand and to improve the experiences of both clients and practitioners. There is a digital divide in Canada, where there are people who do not have access to VSS due to a lack of equipment or internet access.

Governments should consider:

- Greater investment and focused, targeted programs to increase broadband internet access, both in rural areas and for people who have limited economic means. This can include increasing availability of public access points for safe, private and secure internet access, especially in rural areas and for marginalized populations.
- Ensuring that the most vulnerable populations have access to equipment and data. This could take the form of a benefit program to fund internet access, a loan or distribution program using refurbished equipment.



Find Out More

Read the full report, [Client and Practitioner Experiences and Perceptions of Virtual Services and Supports for Substance Use or Concurrent Disorders During the COVID-19 Pandemic](#), for more information about our research, including methods, findings and references. Three other summary reports present our [General Findings](#), and our findings about [Platforms and Security](#), and [Establishing and Strengthening Virtual Relationships](#).

Resources

Registered Nurses' Association of Ontario

- [Addressing differential access to virtual care due to technology inequities – Please help](#)

Survey Methodology in Brief

Our study included a survey conducted between February and April 2021, and qualitative interviews with service providers.

Data were collected from 1,066 online survey respondents, including 326 who had used virtual services or supports during the pandemic (108 for substance use or substance use disorders and 218 for concurrent disorders) and 708 who had never used virtual services or supports for these conditions. The proportion of men and women who answered the survey was roughly equal.

Fourteen service providers were interviewed to discuss their experiences with providing virtual services and supports.

